



Community Inclusion, Friendship, and Loneliness in Oregon: Findings from the National Core Indicators Survey

Alice Miller, M.S.W., M.P.H.; Luis A. Rivas Vazquez, B.S.; Rachel Benson, B.S., LEND Trainee

National Core Indicators Survey

Oregon is one of 46 states using the National Core Indicators (NCI) survey to evaluate developmental disability services, health, and quality of life for people with developmental disabilities. Each year, over 400 Oregonians receiving state developmental disability services participate in an in-person meeting with a researcher from Oregon Health & Science University (OHSU) as part of the NCI Project. Using the NCI survey, Oregon collects more than 100 standard performance measures, or 'indicators.' States use these measures to assess the outcomes of services for individuals and families, including outcomes in the areas of employment, rights, service planning, community inclusion, choice, health, and safety. This poster presents selected findings related to community inclusion and loneliness.

What do we mean by Community Inclusion?

- Having friends and relationships
- Having support and access to participate in everyday community activities

How Does Oregon Compare?

Findings from the National Core Indicators (NCI) 2017-2018 Report:

Figure 1. Percentage of OR NCI survey respondents who reported feeling lonely often or most of the time, compared to the national NCI average.

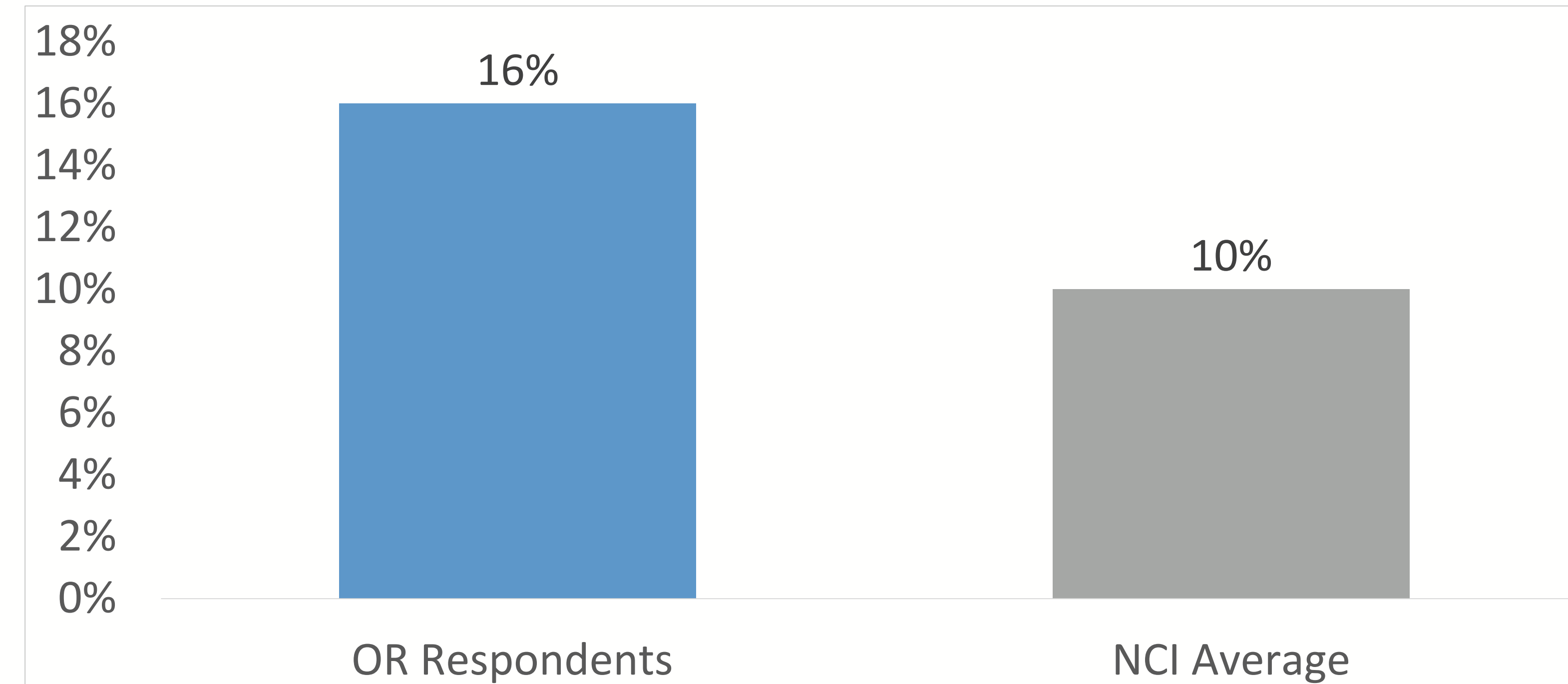


Figure 2. Percentage of OR NCI survey respondents who reported that they would like more help to make friends or keep in touch with friends, compared to the national NCI average.

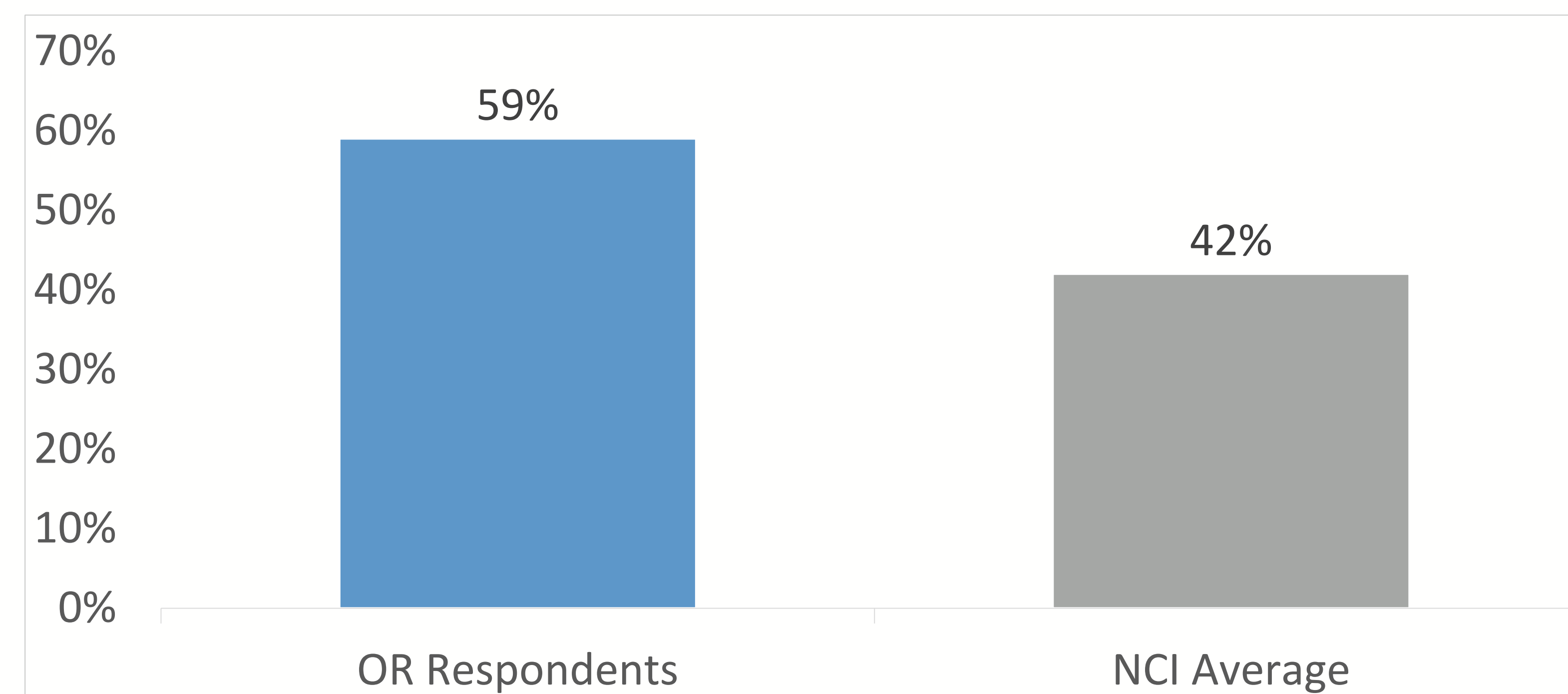


Figure 3. Percentage of OR NCI respondents who reported needing additional DD services to meet their needs for social and relationship issues or meeting people.

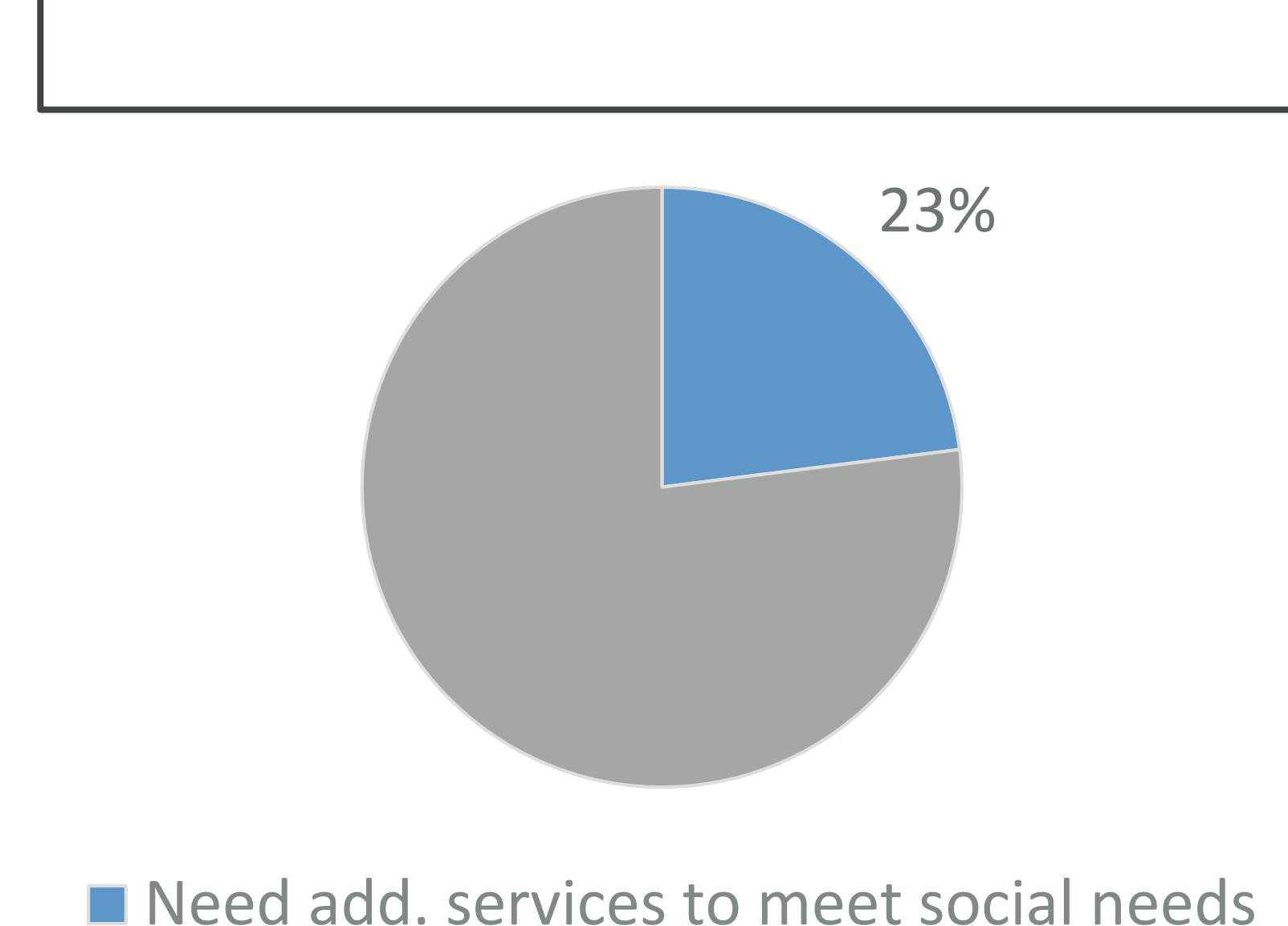
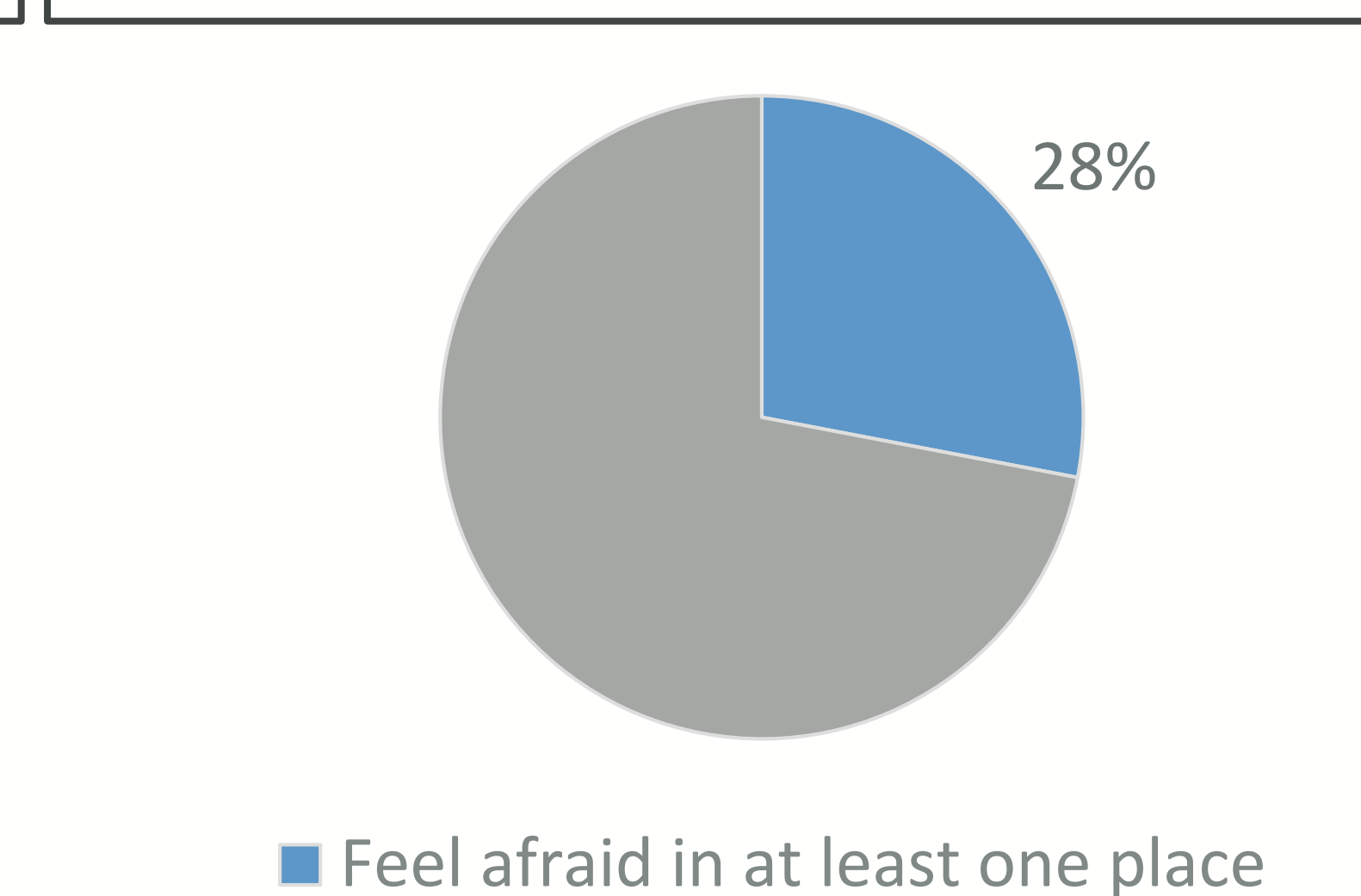


Figure 4. Percentage of OR NCI respondents who reported there is at least one place where the person feels afraid or scared (in home, day program, work, walking in community, in transport, or other place).



Methods

Data Collection

- ❖ Random sample of adults receiving services from ODDS (N=1600)
- ❖ NCI Survey is voluntary and anonymous
- ❖ Survey conducted in person with researcher from the UCEDD at OHSU

Data Analysis

Based on previous NCI findings, we developed an exploratory analysis of factors we thought may be related to loneliness using data from the 2018-2019 Oregon survey. We conducted Chi-squared analyses to assess whether significant relationships exist between characteristics of study respondents and self-reports of often feeling lonely. The N displayed for each chi-squared analysis demonstrates the number of surveys for which data on both variables were available.

Table 1: Results of Chi-Squared test of association between self-reported loneliness and select community inclusion indicators

NCI Indicator	P Value	N = total
Work in a job in a community-based setting	0.5378	284
Work in small group job in a community-based setting	0.6161	278
Participate in a day program or sheltered workshop	0.9758	274
Volunteers	0.0040 *	230
Can't see friends because of a lack of transportation	0.1015	285
Has other ways of communicating with friends when not present	0.7225	217
Can go to date, if desired	0.7209	231
Can see/communicate with family	0.2102	170
Has enough to do at home	0.00001 *	275
Participates as a member of a community group	0.6029	278
Attended a religious practice	0.0290 *	282

* - Indicates values that are significant (P-value < 0.05)

Table 1. Is loneliness correlated with other NCI indicators?

Background: Loneliness and Health

Loneliness is a common problem among people with intellectual and developmental disabilities.^{6,7,9} We also know that loneliness has significant health implications.^{1,3,4,5,8} Studies have shown loneliness to be associated with the following:

- ☠ Increased mortality risk^{1,3,4,5,8}
- ☠ Suicidal ideation¹
- 🚗 General decline in mobility and ability to complete daily living tasks⁸
- 🚭 Increased smoking habits¹
- 🏠 More frequent physician visits¹
- 🩺 Cardiovascular risk^{4,8}
- 🩸 Hypertension⁴
- 😞 Depression^{1,4}
- 🌃 Poor sleep⁴
- 😰 Generalized anxiety¹
- 👤 Abnormal stress response⁴

References

1. <https://doi.org/10.1186/s12888-017-1262-x>
2. <https://doi.org/10.1111/jir.12518>
3. <https://doi.org/10.1097/00006842-200205000-00005>
4. <https://doi.org/10.1007/s12160-010-9210-8>
5. <https://doi.org/10.1177/1745691614568352>
6. [https://doi.org/10.1016/S0074-7750\(04\)28007-7](https://doi.org/10.1016/S0074-7750(04)28007-7)
7. <https://doi.org/10.1111/j.1468-3148.2005.00261.x>
8. <https://doi.org/10.1001/archinternmed.2012.1993>
9. <https://doi.org/10.3109/07434618.2010.481564>
10. nationalcoreindicators.org

Discussion

- ❖ According to the most recent National NCI report,¹⁰ differences in the following indicators were statistically significant:
 - Often Lonely in Oregon (16%) compared to national (10%)
 - Want more help with friendships in Oregon (59%) compared to national (42%)
 - Need additional DD services to meet social needs in Oregon (23%) compared to national (10%)
 - Afraid in Oregon (28%) compared to national (19%)
- ❖ In our exploratory analysis, we found statistically significant associations between self-reported loneliness and volunteering, having enough to do at home, and religious service attendance.
- ❖ Improvement is needed in Oregon service system to reduce loneliness and promote community inclusion.
- ❖ More in depth analysis is needed to determine predictive and protective factors.